

Entered - 12/29/99 - sb
CL99L0896 - DIANNE C. MITCHELL

00-R-1033

CLAIM OF: SAFECO PROPERTY AND
CASUALTY INSURANCE
COMPANIES AS SUBROGEE
OF HOWARD J. KATZMAN
P. O. Box A
Stone Mountain, Georgia 30086-0310

For damages alleged to have been sustained as a result
of a vehicular accident on October 18, 1999 at 534
Candler Park Drive, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSED REPORT

COM: P.S., L.A.

DATE: 7/11/00

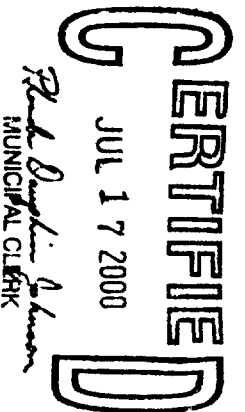
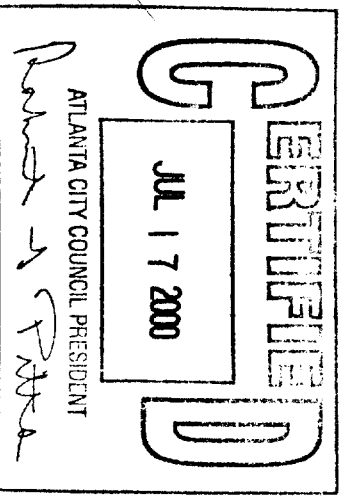
C. F. Mark

Chad Newell

Shirley D. Odey

CONSENT AGENDA

ADVERSED BY
CITY COUNCIL JUL 17 2000





OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

July 28, 2000

Safeco Property and Casualty Ins.
Co. as Subrogee of Howard J. Katzman
Attn: Rhonda Scott
P.O. Box A
Stone Mountain, GA 30086-0310

00-R-1033

Dear Ms. Scott:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on July 17, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: **Claims Division/Law Department**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0896

Date: June 20, 2000

Claimant /Victim SAFECO PROPERTY AND CASUALTY INSURANCE COMPANIES
AS SUBROGEE OF HOWARD J. KATZMAN
Address: P. O. Box A, Stone Mountain, Georgia 30086-0310
Subrogation: X Claim for Property damage \$ 800.70 Bodily Injury \$
Date of Notice: 12/29/99 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 10/18/99 Place: 534 Candler Park Drive, NE
Department PRCA Division: Parks
Employee involved Charles McLeod Disciplinary Action: Oral Admonishment

NATURE OF CLAIM: The driver of the City vehicle backed into the claimant's vehicle causing damages in the above amount. However, the claim is recommended to be adverse because the claimant's insurance carrier has notified the City that its insured has withdrawn the claim he made to his insurance carrier.

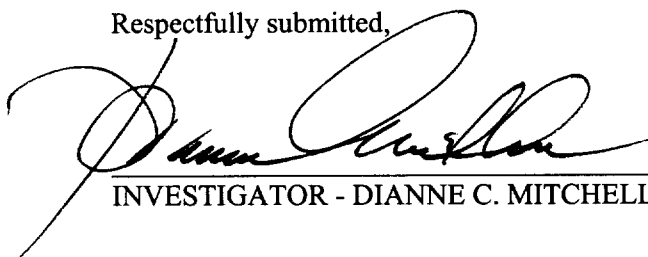
INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report X Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other X Damages reasonable X
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager:  Concur/date 06-20-00
Committee Action: Council Action

FORM 23-61

00- R -1033



RECEIVED DEC 29 1999

SAFECO PROPERTY & CASUALTY INSURANCE COMPANIES

Atlanta Region
1551 Juliett Road
Stone Mountain, GA 30083-1509

Phone: (770) 469-1111

Mailing Address:
PO Box A
Stone Mountain, GA 30086-0310

12/08/1999

ENTERED - 12-29-99 - SB
99L0896 - MIKE REEVES

City Of Atlanta
614 Terrace Avenue
Atlanta, GA 30317

Policyholder: Howard J Katzman
Account No.: 03a993132745-001
Safeco Claim No.:
Loss Date: 10/18/1999
Your Insured: City Of Atlanta
Your Claim No.: TAG113589

Reeves
12/29/99
Da

Dear City Of Atlanta:

We have completed our investigation of this loss. The facts show that your insured caused our policyholder's property damages and/or injuries.

We have our policyholder's right of recovery for damages of \$800.70. **(If our policyholder has a deductible, it is included.)**

Attached is our subrogation documentation to substantiate our damages. We ask that you review this loss and send your check payable to "Safeco Insurance a/s/o Howard J Katzman" in the amount of \$800.70.

Please forward your payment to Safeco Insurance Company, P.O. Box A, Stone Mountain, Georgia 30086, and be sure to reference our claim number on the check.

Sincerely,

Rhonda Scott

Rhonda Scott
Subrogation Specialist
Southeast Region
Fax No.: 770-879-3333
Internet Addr: RHONSC@SAFECO.COM
carridmd

Attachment: Documentation

cc: EF